1 PLACE OF BEATH

1	Compline	CERTIFICATE OF DEATH
Cour		Registration Dist. No.
Villa	age or city Jeden als burg (No.	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead
100	2 FULL NAMES AUX A MILL	ionis Andrews of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	male, de color or race 5 SINGLE, MARRIED, WIDOWED WIDOWED OR PROPERTIES (Write the word)	16 DATE OF DEATH (Month) 23 (Year) (Year)
6 0 6	ATÉ OF BIRTH	17 . I HEREBY CERTIFY, That I attended deceased from
certificate of the control of the co	(Month) 9" , 186 (Year)	that I last saw h alive on Colon, 191
7 AC		and that death occurred on the date stated above, at .Q
80 0 X	OH vrs O mas H ds OR min.?	The CAUSE OF DEATH * was as follows:
2 80	CCUPATION	15/20 at 10 18 20 h 2
	a) Trade, profession, or House - Tuelsung	TOWN DESCRIPTION OF THE PROPERTY OF THE PROPER
Structions as a structions as a structions	b) General nature of Industry usiness, or establishment in	Sudden
N W	hich employed (or employer)	(Duration) yrs. mos. d
9 B	(State or country) Welowere	Secondary (Buration) yrs mos.
ָ נ	10 NAME OF Richard andrew.	(Signed) B Referson, M.
mportan RENTS	11 BIRTHPLACE (State or country) Wary land	*State the DISFASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL,
- 4	OF MOTHER AND P.CO. COLUMN	SUICIDAL OF HOMICIOAL. A B LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT
is very	13 BIRTHPLACE OF MOTHER (State or country) Wary Council	OR RECENT RESIDENTS) At place In the of death
Z 14 T	HE ABOVE IS THUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
PATIO	(Informant) Mrs Many Rectarge	Former or usual residence
15	(Address) tederals frung, Ind	The devals rung, and air, 210, 1915
	ned alan 26, 1915 - 1947 Jelferson	20 UNDERTAKER APORESS
	If more blanks are needed, address State Registrar,	7
		qua,

[Approved by U. S. Census and American Public Health Association.]

E yrs.). business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, wife, Housework, or At Home, and children, not gainfully Hausemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the engincer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, Physiespecially in industrial employments, it is necessary to For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, various pursuits can be known. The question Women at home, who are engaged in If retired from

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," birth or miscarriage as "Puerperal septichaemia," "Puerperal peritonitis," etc. State cause for which cause. Always qualify all diseases resulting from childgenital," "Senile," "Annenia" (inerely symptomatic), "Atrophy, lapse," "Coma," "Convulsions," "Debility" etc., when a definite disease can be ascertained as the symptoms or terminal conditions, such as "Asthema," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping The contributory (secondary or intercur-State cause for which Never report mere "Atrophy,"



state Very stated EXACTLY. PHYSICIANS should is Exact statement of OCCUPATION is of information should be carefully supplied. AGE should be st DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. N. B.—Every Item of Information CAUSE OF DEATH in pial Important. See instructions

RECORD A PERMANENT UNFADING INK-THIS IS PLAINLY, WITH WRITE

1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No......................

Ilf death occurred in

9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant) (Informant) 15 (Address) 16 Contributory Secondary (Signed) (Signed) (Signed) (Signed) (Duration) MOS des (Signed) (Duration) MOS (Address) (Signed) (Duration) MOS (Address) (Signed) (Duration) MOS (Signed) (Duration) MOS (Address) Mos (Address) Mos (Signed) (Duration) MOS (Address) (Signed) (Duration) MOS (Signed) (Duration) (Duration) MOS (Signed) (Duration) (Duration) MOS (Signed) (Duration) (Duratio	AII	2FULL NAME dry ann	St.; Ward) a hospital or institution, give its NAME instead of street and nomber.]
TAGE College		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SOCUPATION (a) Trade, profession, or particular kind of work. Socupation (b) Trade, profession, or particular kind of work. Socupation (a) Trade, profession, or particular kind of work. Socupation (b) General nature of Industry, business, or establishment in which employer) Social to or country) Social to a social to the social to the social to the stated above, at	35 Le	MARRIEO, WIDOWED.	(Month) (Day (Year)
The CAUSE OF DEATH* was as follows: day, mrs. day		October 1838 (Month) (Day (Year)	1915, to 1916
OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which emplayed (or employer) BERTHPLACE (State or country) 11 BIRTHPLACE OF FATHER ALLA OF MOTHER 12 MAIDEN NAME OF MOTHER (State or country) Alla 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant) (Address) (Address) ADDRESS 20 UNDERTKER (Address) ADDRESS 20 UNDERTKER (ADDRESS)	TA		and that death occurred on the date stated above, at 1.33 A m.
OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) PBIRTHPLACE (State or country) 10 NAME OF FATHER OF FATHER (State or country) 11 BIRTHPLACE (State or country) 12 MAIDEN NAME OF FATHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) 15 Maria Agriculture of industry (Address) 16 Maria Of Englishment in which employer (Informant) (Address) 17 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL ADDRESS 20 UNDERTAKER (Address) ADDRESS 20 UNDERTAKER (Address) ADDRESS ADDRESS ADDRESS ADDRESS		'/'/	The CAUSE OF DEATH* was as follows:
Where was disease contracted, if not at place of death? (Informant) Walch employer (or employer) PRIPTIPLACE (State or country) OF FATHER Calk and Calk	pa (b)	Trade, profession, or ricular kind of work General nature of Industry,	Porretopumona
(Signed) (Signe			(Ouration) yrsmosds.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) (Address) (Address) 15 Causes, State the Disease Causing Death, or, in deaths from Violence Causes, State (1) Means of Injury; and (2) whether Accidence Tall, Suicidal, or Homicidal. 16 Length of Residence (For Hospitals, Institutions, Transients of Recent Residents) At piace In the of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS 20 UNDERTAKER	9 B	10 NAME OF FATHER NO.	Secondary (Duration) yes mes ds.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) (Address) 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OF RECENT RESIDENCE) In the of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 16 Charles 23, 1915. ADDRESS 2 UNDERTAKER ADDRESS 2		11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, ** state (1) MEANS OF INJURY: and (2) whether Accuracy.
Where was disease contracted, if not at place of death? (Informant) (Address)		13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At piace In the
Florie 23, 1915. Truck Stummer 20 UNDERTAKER (ADDRESS) 2		Y 0 63.	Where was disease contracted, If not at place of death?
1116 Deplotorer and 101 announced 101 announced 100 announ		a. 1.3 - 6-16	Cokers afril 23, 1915
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.	FI	for a PREGISTRAR	Whileleth Grensborn h

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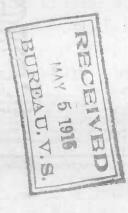


[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care who have no occupation whatever, write None. eated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day taborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) it should be used only when needed. additional line is provided for the latter statement; been changed or given up on account of the disease Housewife, Housework, or At Home, and children, not "Manager," "Dealer," etc., without more precise specistatement. Never return materiai worked on may form part of the second the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in Industrial employments, it is ucc-Civit engineer, Stationary fireman, etc. But In many first line will be sufficient, e. g., Farmer or Ptanter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persous (b) Cotton mill; (a) Salcsman, "Laborer," "Foreman," Automobile factory. As examples: (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia indefinite): Tubercucisis of tungs, meninges, peritonaeum, etc., Carcin-

mere symptoms or terminal conditions, such as "Asnant neoplasms); Meastes; Whooping cough; Chronic eer" is iess definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) eause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skuii, and consequences (e. g., by carbotic acid-probabty suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," childbirth or miscarriage as "Puerperal septichaeete., when a defiuite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras gcuital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (mercly symptomatic), "Atrophy," ample: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. Accidental drowning; Struck by railway train-acci-Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intereurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from Meastes (disease causing (Recommendations on statement of etc. death), 29 ds.; State cause for For vio-



PLACE OF DEATH 5149 County Carolina 1	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 62
Village or City (No. (No. (No. (No. (No. (No. (No. (No.	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White 5 SINGLE, MARRIED, Morred (Write the word)	16 DATE OF DEATH (Month) (D) (Year) 17 A HEREBY CERTIFY, That I attended deceased from
G DATE OF BIRTH (Nonth) (Day) (Year)	Uful 1, 1915, to april 26, 1915, that I last saw him alive on april 26, 1915,
7 AGE If LESS than 1 day, hrs. OR min,?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work. (b) General nature of industry	Lawey Seo Tres)
business, or establishment in which employed (or employer)	(Suration) yrs mos ds. Contributory Secondary (Buration) yrs mos ds.
10 NAME OF FATHER Beyard Breeding 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MANY Write all	(Signed) Dawson Teoright, M. O. Afric 27, 191. 5 (Address) Denton M. O. *State he Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal of Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State, yrs. mos. ds. Where was disease contracted,
(Informant) Leller T Bueding	If not at place of death? Former or usual residence
(Address) Heeleman SEl 15 Filed Gril 27, 191 5 D. O. George M. REGISTRAR	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL WE Sley Bursville Upsil 30, 1915. 20 UNDERTAKER ADDRESS H.G. Hardesly Budgeville De
If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

state oecupation at beginning of illness. only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery: (a) Foreman, (b) Autobusiness, that fact may be indicated thus: Farmer (retired or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servout, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully precise specification as Day laborer, Farm laborer, Laborer who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers "Foreman," "Manager." "Dealer, of the second statement. mobile factory. is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. business or industry, and therefore an additional line especially in industrial employments, it is necessary to For many occupations a single word or term on the -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-Compositor, very important, so that the relative healthful-For persons who have no occupation whatever, The material worked on may form part Architect, Never return "Laborer, Locomotive engineer, etc., If retired from without more The question

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fewer (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of eause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, ldanus) may be stated suicide. The nature of the injury, as fracture of skull Struck by railway train—occident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For violent deaths "PUERPERAL perilonitis," etc. mus, "Anaenia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conchopmeumonia (secondary), 10 ds. cough; Chronic valvulor heart discose; Chronic interstitial to determine definitely. Examples: Accidental drowning; state means of injury and qualify as accidental, cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marassymptoms or terminal conditions, such as "Asthenia, Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important "Tumor" for malignant neoplasms); Measles; Whooping or miscarriage as "Puenpenal sephehaemia," "Old Age," "Shock," "Uracmia," "Weakness, "Senile," etc.), The contributory (secondary or interenr-"Dropsy," State cause for which Never report mere "Exhaustion,

If this certificate is looked over thoroughly and all quosends. All the data is essential and must be obtained before the certificate is permanently filed.



PLAINLY, WITH UNFADING INK-THIS IS A

Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state if OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very ant. See Instructions on back of certificate.

RECORD

PERMANENT

V. S. No. 1.

WRITE

Every Item CAUSE OF Important.

N. B.-

1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 6

Village or	City Prestay (N	0,	-

.St.;.....Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

FULL NAME Steel Born 1 10	Scarle of street and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Feedle Color or RACE Single, MARRIED, WIDDWED, ORDIVORCEO	16 DATE OF DEATH Official (9 , 1915 (Month) (Day (Year)
6 DATE OF BIRTH Afail 12, 1985 (Youth) (Day (Year)	that Plant saw have allve on 191
7 AGE If LESS than 1 day,hrs.	and that death occurred on the date stated above at
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	(Duration)mosds.
9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 22 MAIDEN NAME OF MOTHER Ella	Contributory Secondary (Buratlon) yrs mos ds. (Signed) , M. D. State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) Whether Accidental, Suicinal, or Homicinal.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Rule	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death yrs. mos. ds. State yrs, mos. ds Where was disease contracted, if not at place of death? Former or usual residence.
15 Filed 4/13/ 1915 Chas B. Harrin	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS
If more blanks are needed, address State Reg	istrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necness of various pursuits can be known. The question cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Civil engineer, Stationary freman, etc. But in many Statement of occupation-Precise statement of occup If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal medingitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitie," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Apacmia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and, qualify as which surgical operation was undertaken. For vrochildbirth or miscarriage as "Puenperal septichacetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Scnile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditious, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (secondary or intercurrent)



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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County ... Registration Dist. No. If death occurred in St.: Ward) Village or City a hospital or institution. give its NAME instead of street and number. anno MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED (Month) OR DIVORCED I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH (Year) (Day) (Month) 7 AGE If LESS than and that death occurred on the date stated above. at 1 day, hrs. The CAUSE OF DEATH * was as follows: OR min. ? 6 OCCUPATION (a) Trade, profession, or particular kind of work... (b) General nature of industry business, or establishment in (Buration) which employed (or employer) Contributory 9 BIRTHPLACE (State or country) (Ouration) 10 NAME OF FATHER O 11 BIRTHPLACE RENT OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT (State or country) CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, 12 MAIDEN NAME SUICIDAL OF HOMICIDAL. OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS; TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place (State or country) of deathyre.mos.ds. State,yrs.mos. ds. Where was disease contracted, ... 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE if not at place of death? usual residence... PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 16/W. Saratoga St., Batto., Requesting V. S. No. 1.





[Approved by U. S. Census and American Public Health Association.]

6 yrs.). business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Screant, Cook taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton employed, as At school or At home. Care should be mobile factory. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many cases, especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part If retired from

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lungs, menin-

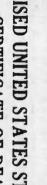
on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, SCICIDAL, or HOMICIDAL, or as probably such, if inpossible to determine definitely. Examples: Accidental drowning: state means of injury and qualify as accidental, on Nomenclature of the American Medical Association.) head-homicide; Poisoned by Struck by railway train-accident; Revolver wound of surgical operation was undertaken. For violent deaths birth or miscarriage as "Puerperal septichaemia," "Puerperal peritonitis," etc. State cause for which etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marascause. Always qualify all diseases resulting from child-"Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal eonditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial (name origin; "Cancer" is less definite; avoid use of ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of "Tumer" for malignant meoplasms); Measles; Whooping The contributory (secondary or intercurcarbolic acid-probably



V. S./No.T.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

	and a part	STATE OF MARYLAND
Coun	my Carolinae	CERTIFICATE OF DEATH
		Registration Dist. No.
Villag	ge or City Helenals mag (No.	St.; Ward) [if death of a hospital or give its NAM of street and
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	x 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH Of UMonth) (Day)
6 DA	TE OF BIRTH	17 I HEREBY CERTIFY, That I attended decease 15 , 1915, to apply 20
	(Month) (Day) (Year)	that I last saw h Malive on Ofen 19
7 AG	E If LESS than 1 day hrs.	and that death occurred on the date stated above, at
	yrs mos ds. OR min.?	The CAUSE OF DEATH * was as follows:
par (b)	OUPATION) Trade, profession, or ticular kind of work) General nature of industry liness, or establishment in	Mente Januaire
wh:	ah amilayad (an anta-m)	(Duration) yrs. mo
whi	RTHPLACE (State or country)	Contributory Secondary
9 B1	ch employed (or employer)	Contributory Secondary
ENTS BI	11 BITHPLACE (State or country) 12 NAME OF FATHER (State or country) 13 STATHPLACE OF FATHER (State or country) 14 STATHPLACE OF FATHER (State or country)	(Signed) 13 15 (Address) Pederals (Tour of the Disease Causing Death, or, in deaths from Causing, State (1) Means of Injunit, and (2) whether Actuals (2) whether Actuals (3) (2) whether Actuals (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4
S L N	10 NAME OF FATHER Surender	Contributory Secondary (Signed 19 19 19 19 19 19 19 19 19 19 19 19 19
RENTS 18 6	10 NAME OF FATHER 11 BIRTH PLACE OF FATHER (State or country) 12 MAIDEN NAME (State or country) 13 MAIDEN NAME	(Signed) State the DISEASE CAUSING DEATH, or, in deaths from / CAUSES, State (1) MEANS OF INJUNY; and (2) whether Accurately and (2) whether Accurately and (2) whether Accurately and (3) whether Accurately and (4) whether Accurately and (5) whether Accurately and (6) whether Accurately and (7) whether Accurately and (8) whether Accurately and
S E N H S E N	10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 BIRTHPLACE OF MOTHER (State or country) 15 BIRTHPLACE OF MOTHER (State or country) 16 ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	(Signed) 19 (Address) Pederals Two *State the DISEASE CAUSING DEATH, or, in deaths from A CAUSES, State (1) MEANS OF INJUNY; and (2) whether Accur SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TO OR RECENT RESIDENTS) At place In ths
S E N H S E N	10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 MAIDEN NAME OF MOTHER OF MOTHER (State or country) MAIDEN NAME OF MOTHER (State or country) MAIDEN NAME OF MOTHER (State or country)	Contributory Secondary (Signed) (S
PARENTS	10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 BIRTHPLACE OF MOTHER (State or country) 15 BIRTHPLACE OF MOTHER (State or country) 16 ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Contributory Secondary (Signed) (S
SHU HATH	10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 BIRTHPLACE OF MOTHER (State or country) 15 BIRTHPLACE OF MOTHER (State or country) 16 ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	Contributory Secondary (Signed) (S



[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton of the second statement. mobile factory. business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-('oal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever various pursuits can be known. The question The material worked on may form part Women at home, who are engaged in Never return "Laborer," If retired from (b) Auto-

unqualified, is indefinite); Tuberculosis of lungs, meninspinal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebroterm for the same disease. Examples: Cerebrospinal CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted Typhoid fever (never report "Typhoid pneumonia"); Statement of Cause of Death-Name, first, the DISEASE pricumonia. Bronchopneumonia ("Pneumonia,"

> on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound to determine definitely. Examples: Accidental drowning; surgical operation was undertaken. For violent deaths birth or miscarriage as "Puerperal sopticharmia," "Puerperal peritonitis," etc. State cause for which cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Heeniorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatic), symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronges, perilonaeum, etc., Curcinoma, Sarcoma, etc., of..... rent) affection need not be stated unless nephritis, etc. cough; Chronic valualar heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of "Coma," The contributory (secondary or intercur-"Convulsions," "Debility" ("Con-Never report mere "Atrophy," unportant

the certificate is permanently filed. ence. All the data is essential and must be obtained before tions answered in detail, it will prevent further correspond-If this certificate is looked over thoroughly and all ques-



PHYSICIANS should state of OCCUPATION is very RECORD PERMANENT THIS UNFADING INK PLAINLY, WITH on back plain See instructions of Information 2 DEATH CAUSE OF Important.

PLACE OF DEATH County Caroline

(Address)

15

13 BIRTHPLACE OF MOTHER (State or country)



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 66

Village or City Redy Sly (No	St.; Ward) [It death occurred in a hospital or institution, give its NAME lostead of street and comber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jenuale Color or RACE Single, Angle Wisower, ORDIVORGED (Write the word)	16 DATE OF DEATH Opr. 8, 1910/ (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
7 AGE Comparison of the content o	that I last saw h alive on 191 and that death occurred on the date stated above, at The CAUSE OF DEATH* was as follows:
OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)	(Durafion) yrs mas d
9 BIRTHPLACE (State or country) Caroline Cr. 7nd. 10 NAME OF FATHER Howard Cole 11 BIRTHPLACE OF FATHER (State or country) Queen Amais Co 12 MAIDEN NAME OF MOTHER HOLE	(Signed) (Buration) yrs mos discondary (Signed) (Signed) (Address) (Address

-	OR RECENT RESIDENTS)	(FOR NO	SPITALS, IN	TITUTIONS	, TRANSIEN	T
	At place		lo the			
	ot death yrs mos	ds.	State	yrs.	mos.,	1

Where was disease contracted, It not at place of death?

Former or usual residence

OR REMOVAL

OF BURIAL

20 UNDERTAKER ADDRESS

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

No.

WRITE

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[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is ucc-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) who have no occupation whatever, write None. been changed or given up on account of the disease Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unquallfied, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis, cer" is less defiuite; avoid use of "Tumor" for maligmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. nant neoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canthenia," "Anacmia" (merely symptomatie), "Atrophy," childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the genltal," ture of the American Medical Association.) cause of death approved by Committee on Nomenclascpsis, tctanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL perilonilis," mus," "Old Agc," "Shock," "Uraemia," "Weakness," "Heart fallure," "Hacmorrhage," "Juanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-"Contributory." The contributory (secondary or intercurrent) Measles "Semile," etc.), (Recommendations on statement of (disease causing death), 29 ds.; "Dropsy," "Exhaustion," etc. State cause for For vio-



V. S. No. 1.

1 PLACE OF DEATH

Villa	ge or City Hillshoro (No	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	curale While Single, MARRIED, WIOOWED OR DIVORCED (Write the word)	16 OATE OF OEATH Am 23, 1915. (Month) (Day) (Year)
6 DA	TE OF BIRTH (Month) (Day) (Year)	that I last saw her alive on and 22, 1919
7 AC		and that death occurred on the date stated above, at 1200 mm. The CAUSE OF DEATH * was as follows:
B o (a	CCUPATION 1) Trade, profession, or ricular kind of work 1) General nature of industry	Penicin anaemia
W	siness, or establishment in hich employed (or employer)	Contributory Secondary
	10 NAME OF FATHER Williamson	(Signed) Lana P. H. Kras M.
ARENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the DISPASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.
PA	OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 PARTY PROPERTY 15 PARTY PROPERTY 16 PARTY PROPERTY 17 PARTY PROPERTY 18 PARTY PROPER	OR RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place of deeth
		Where was disease contracted, If not at place of death?
	(Informant) The BEST OF MY KNOWLEDGE	Former or
	In extended	

158 STATE OF MARYLAND





[Approved by U. S. Census and American Public Health Association.]

write None. E yrs.). For persons who have no occupation whatever business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, employed, as At school or At home. Care should be —Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers Housemaid, etc. engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseonly when needed. As examples: (a) Spinner, (b) Cotton precise specification as Day luborer, Farm luborer, Laborer "Foreman." "Manager." "Dealer," etc., without more of the second statement. mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, is provided for the latter statement; it should be used especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many eases, business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the first line will be sufficient, c. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-Compositor, Architect, The material worked on may form part If the occupation has been changed Never return Locomoline engineer, Civil If retired from "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal feer (the only definite synonym is "Epidemic eerebrespinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

mns," on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound of to determine definitely. Examples: Accidental drowning, SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL surgical operation was undertaken. For violent deaths birth or miscarriage as "Puerperal scytichucania," "Puerperal portlonitis," etc. State cause for which etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," eause. Always qualify all diseases resulting from childchopneumonia (secondary), 10 ds. rent) affection need not be stated unless important. nephritis, etc. cough; Chronic valeular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Meashs; Whooping Example: Measles (disease causing death), 29 ds.; Bron-"Old Age," "Shock," "Uracmia," "Weakness," The contributory (secondary or interenr-Never report mere



Y. S. No. 1.

RECORD	PHYSICIANS should state of OCCUPATION IS VER
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See interesting to have of continued.

PLACE OF DEATH	5154 STATE OF MARYLAND
County Caca Cercia	CERTIFICATE OF DEATH
County	Registration Dist. No.
Village or City Meas Jucephill (No.	St.; Ward) [If death occurred in a hospital or Institution, give its NAME instead
FULL NAME GLORIN Faccion	of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDGMED, ORD ORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	that I last saw here alive on
(Month) (Day) (Year) 7 AGE if LESS than 1 day,hrs. 0Rmin. ?	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession, er particular kind ef work	
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration)yrsmosds.
9 BIRTHPLACE (State or country) M.J.	(Secondary) Waration) Yes mos ds.
10 NAME OF Charles Denly	(Signed) J. M. D. M. D.
V) 11 BIRTHPLACE OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER Cause Stokes	CAUSES, State (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) M.J.	At place in the of death yrs mos ds. State yrs mos ds.
(informant) Cost Les Deuting	Where was disease contracted, if not at place of death? Former or usual residence
(Address) Macycle Duf.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL LAfris /2, 191 5
Filed 4/12 ,191 9D Jolean France	20 UNDERTAKER ADDRESS Baschan
If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.





[Approved by U. S. Census and American Public Health Association.]

it should be used only when needed. As examp (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative Lealthfulfication, as Day laborer, Farm laborer, Laborer-Coal statement. Grocery; (a) Foreman, (b) Automobile factory. essary to know (a) the kind of work and also (b) Civil engineer, Stationary Arcman, etc. But in many cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the who have no occupation whatever, write None ness. If retired from business, that fact may be indi-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid meumonia"); Lobar proumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc., Carcin-

such, if impossible to determine definitely. which surgical operation was undertaken. For viomia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenla," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJUST and quality as -Hart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Con mere symptoms or terminal conditions, such as "As oma. Surcoma. etc., of ... ture of the American Medical Association.) "Contributory." The contributory (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for Examples:



No. 1.

V. S.

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County Caroline	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No
Village or City tederals rung (No	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
"3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 1 HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH AND AND 19/5 (Month) (Day) (Year)	that I last saw h alive on ,191 ,
Stall butth mos. ds. OR min.?	and that death occurred on the date stated above, at
6 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment, in	(Duration) yra. I moa. ds.
which employed (or employer) 9 BIRTHPLACE (State or country)	Contributory Secondary (Duration)
10 NAME OF FATHER CLEX Flaving tou 11 BIRTHPLACE OF FATHER OF COUNTRY) 12 MAIDEN NAME 12 MAIDEN NAME	(Signed) B (Address) Ederacion (M. 0. State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2), whether Accidental, Sulcidal or Homicidal.
of MOTHER Mary a Volsou 13 BIRTHPLACE OF MOTHER (State or country) Wed	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of deathyrsmosda. State,yrsmosds. Where was disease contracted,
(Informant) alex Harring for	if not at place of death ?
(Address) Hederals Aura mol 15 Filed Ofen 22, 1915 BH Deffenson REGISTRAR	DATE OF BURIAL Pederals have and appress Pederals have appress Pederals have bederals have Pederals have bederals have been been been bederals have been been been been been been been be

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

or given up on account of the DISEASE CAUSING DEATH, business, that fact may be indicated thus: Farmer (retired engaged in domestic service for wages, as Servant, Cook, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer mobile factory. write None. state occupation at beginning of illness. Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons who receive a definite salary), may be entered as House-"Foreman," "Manager," "Dealer," etc., without more mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton cian, Compositor, Architect, Locomolive engineer, Civil engineer, Stationary fireman, etc. But in many cases, is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question business or industry, and therefore an additional line For many occupations a single word or term on the -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupathe second statement. very important, so that the relative healthful-For persons who have no occupation whatever, The material worked on may form part Never return "Laborer," If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, meninunqualified, is indefinite); Tuberculosis of lungs, menin-

genital," on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound to determine definitely. Examples: Aecidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths "PUERPERAL perilonitis," etc. State cause for which birth or misearriage as "Puerperal septichaemia," etc., when a definite disease can be ascertained as the "Heart failure," "Heemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," lapse," "Coma," symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. nephrihis, etc. The contributory (secondary or intercurcough; Chronic valvular heart disease; Chronic interstitial cause. "Anaemia" (merely symptomatic), "Atrophy," lapse," "Coma," "Convulsions," "Debility" Example: Measles (disease eausing death), 29 ds.; Bronrent) affection need not be stated unless "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ... Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, "Senile," etc.), "Dropsy," Never report mere "Exhaustion," ACCIDENTAL, iniportant.



V. S. No. 1.

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WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. CAUSE OF I

RECORD

PLACE OF DEATH
County Low elected
Village or City Beetlew



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No...

St.;.... ..Ward) [if deeth occurred in a hospital or institution, give its NAME instead

FULL NAME Mary 6 tre	described of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED,	16 DATE OF DEATH Month) Da (Year)
Steward ORDINORCED (Write the word) 8 DATE OF BIRTH GLEG 16 1856	17 I HEREBY CERTIFY, That I attended deceased from 19 1915, to Control 19 1915.
(Monsk) (Day (Year) 7 AGE It LESS than t day,hrs. yrs mos ds ORmin. ?	and that death occurred on the date stated above, at \$450 m. The CAUSE OF DEATH* was as follows:
8 OCCUPATION (e) Trade, profession, or particular kind of work. (b) General nature of Industry,	
business, or establishment in which employed (or employer)	(Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country) 10 NAME OF FATHER Max Macoure 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	Contributory Secondary (Deration) yrs mos ds. (Signed) , W. D. *State the Disease Causing Death, of, in deaths from Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Intermant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State yrs, mos. ds. Where was disease contracted, if not at place of death? Former or usual residence.
(Address). Decle. 16 Filed Africa 22, 1914 - 6 has - B. Alassaca Registrar If more blanks are needed, address State Regist	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL SUMMA LA SIMPLE CON 1915 ADDRESS Wan G. Hollis Lan (1985)



[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Care ness of various pursuits can be known. The question cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (6)

Statement of cause of death—Name, first, the disease causing nearth (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septiehaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronie cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: which surgical operation was undertaken. For viocause. "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," Bronehopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably The contributory Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for



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WRITE

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. Ward) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. DATE OF DEATH widower or Divorced (little the word) Ionth) HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 dayhrs. OR ? BOCCUPATION (a) Trade, profession, or perticular kind of work. (b) General nature of Industry, business, or establishment in (Duration) which employed (or omployer) BIRTHPLACE Contributory (State or country) Secondary (Doration) 10 NAME OF (Signed) 11 BIRTHPLACE , 1910. (Address) PARENT OF FATHER *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. (State or country) 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) ot death yrs. mos. ds. State _____ yrs. ___ mos. Where was disease contracted. 14 THE ABOVE IS TRUE If not at place of death?.... Former or usual residence DATE OF BURIAL (Address)..... 15

It death occurred to

a hospital or institution,

give its NAME Instead of street and number. I

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

20 UNDERTAKER



[Approved by U. S. Census and American Public Health Association.]

mine, etc. Women at home, who are engaged in the cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulfication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

"Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronehopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably "Heart failure," "Haemorrhage," "Inanition," "Marasture of the American Medical Association.) "Contributory." The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent)



CSICIANS should OCCUPATION IS PHYSICIANS St.; Ward) RECORD 0 PERSONAL AND STATISTICAL PARTICULARS statement PERMANENT EXACTLY. SEX 4 COLOR OR RACE MARAIED, WIDOWED, BINDING to the word) 6 DATE OF BIRTH classified. 4 (Month) (Day) (Year) 7 AGE S If LESS than pinous ď f day,hrs. THIS 0 ds. OR min. ? _mos. properly 8 OCCUPATION AGE (a) Trade, profession, er RESERVED INK particular kind of work. (b) General nature of Industry, supplied. pe business, or establishment in UNFADING may which employed (or employer) -----⁹ BIRTHPLACE (State or country) carefully that It 10 NAME OF FATHER of MARGIN WITH PARENTS DEATH in pisin terms, see instructions on back 11 BIRTHPLACE OF FATHER (State or country pinous PLAINLY, 12 MAIDEN NAME OF MOTHER See Instructions of Information 13 BIRTHPLACE OF MOTHER (State or country WRITE CAUSE OF Important. S REGISTRAR

PLACE OF DEATH

state

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5158

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No...

lif death occurred in a hospital or institution, give its NAME instead of street and number.1

J	*******
MEDICAL CERTIFICATE	OF DEATH
16 DATE OF DEATH (Month)	(Day) (Year)
17 I HEREBY CERTIFY, That	
4-2- , 1915, to 4	
that I last saw h. Lalive on	2
and that death occurred on the date state	d above, at 330 a.m.
The CAUSE OF DEATH* was as follows:	IV A
(Duration)	yrsdsds.
Contributory(Secondary)	
(Duration)	A yre mos ds.
(Signed) John (Address) June	May well he
*State the DISEASE CAUSING DEATH, OR CAUSES, state (1) MEANS OF INJURY; and TAL, SUICIDAL, OR HOMICIDAL.	in deaths from Violent
18 LENGTH OF RESIDENCE (FOR HOSPITALS OR RECENT RESIDENTS) At place In the of death yrs mos ds. State . Where was disease contracted, If not at place of death?	
Former or usual residence	
PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
29 UNDERTAKER	ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.





[Approved by U. S. Census and American Public Health
Association.]

(a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry; and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative lealthfulof persons engaged in domestic service for wages, as should be taken to report specifically the occupations fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary Ireman, etc. - But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as duties of the household only (not paid Housekeepers mine, etc. For many occupations a single word or term on the who have no occupation whatever, write None Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease cause of death—Name, first, the disease causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g. dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage. as "PUEEPERAL septicharetc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," thenia," "Anaemia" (merely symptomatic), "Atrophy," "Coliapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As ampie: Measles (disease causing death), 29 ds. affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronical cer" is less definite; avoid use of "Tumor" for mailg oma. Surcoma. etc., of cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train—accl-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably TENT DEATHS State MEANS OF INJURY and qualify as "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopncumonia (secondary), 10 ds. Never report ture of the American Medicai Association.) "Contributory." The contributory (secondary or intercurrent Always qualify all diseases resulting from (Recommendations on statement of _ (name origin: "Can State canse for "Exhaustion," Examples: For VIO-



	ECORD	XACTLY, PHYSICIANS fied, Exact statement of	=
MARGIN RESERVED FOR BINDING	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION Is very important. See instructions on back of certificate.	7
V. S. No. 1.	WRITE PLAINLY, WITH U	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	

PLACE OF DEATH	5159 STATE OF MARYLAND CERTIFICATE OF DEATH
County Caroline	Registration Dist. No. 62
Village or City Sectled Jan., 2 FULL NAME Still T3	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIEO, WIDOWED OR DIVORCEO (Write the word)	16 DATE OF OEATH , 191 (Month) (Day) (Year) 17 WHEREASY CERTIFY. That I attended deceased from
6 DATE OF BIRTH April 1 1815	191 19 to 197 11 1915,
7 AGE (Month) (Day) (Year) If LESS than 1 day, hrs. OR. min.?	and that death occurred on the date stated above, at
B OCCUPATION (a) Trade, profession, or particular kind of work	Sult Bon.
b) General nature of industry business, or establishment in which employed (or employer)	(Duration) yrs. ds.
9 BIRTHPLACE (State or country) Frank	Secondary Secondary Jourgilan yrs mos ds.
10 NAME OF FATHER New Color Prings	(Signed) In Milles Sulin my
11 BIRTHPLACE OF FATHER (State or country) 12 MAIOEN NAME	*State the Dispase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injust; and (2) whether Accidental, Suicidal or Homicidal.
12 MAIOEN NAME OF MOTHER Cornelia & Lecter	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the
OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs. mos. ds. State, yrs. mos. ds. Whare was disease contracted, if not at place of deeth?
(Informant) Wiew. Chas, Grings	Former or usual residence
(Address) Deurlan Zuef	19 PLACE OF BURIAL OR REMOVAL OATE OF BURIAL OLIVE CALORES Court Geril, 191.5
Filed Opril 6, 191 5 AO Grange REGISTRAR	20 UNDERTAKER ADORESS
If more blanks are needed, address State Registrar,	X W. Saratoga St. Balto., Requesting V. S. No. 1.



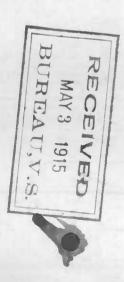


[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer mill; (a) Salesman, (b) Grocery; (a) Foreman, write None. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. The material worked on may form part only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line especially in industrial employments, it is necessary to engineer, Stotionary fireman, etc. But in many cases, first line will be sufficient, c. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age ness of various pursuits can be known. The question know (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-Compositor, Architect, very important, so that the relative healthful-For persons who have no occupation whatever Never return Locomotive engineer, "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrespinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. suicide. The nature of the injury, as fracture of skull head-hamicide; Poisoned by carbolic acid-probably SUICIDAL, or nomicidal, or as probably such, if impossible surgical operation was undertaken. For violent deaths Struck by railway train-accident; Revolver wound of to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, "PUERPERAL peritonitis," etc. State cause for which birth or miscarriage as etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Heemorrhage," "Inanition," "Marasgenital," "Senile," etc.), symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere cough; Chronic valvular heart disease; Chronic interstitial ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of "Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Example: Measles (disease eausing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of Always qualify all diseases resulting from child-The contributory (secondary or intercurg., sepsis, tetanus) may be stated "PUERPERAL septichaemia," "Dropsy," "Exhaustion.



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS FOR RESERVED MARGIN

PLACE OF DEATH County Continue Village or City Hederals Mang (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR BACE 5 SINGLE, MARRIED, WIDOWED WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
april 23, 19/5 (Month) (Day) , 19/5	that I last saw h alve on (191 , 191 ,
Still butto If LESS than 1 day, hrs.	and that death occurred on the date stated above, at
OCCUPATION (a) Trade, profession, or particular kind of work	Still birth
(b) Generat nature of industry business, or establishment in which employed (or employer)	(Duration) yrs 5 mos ds.
9 BIRTHPLACE (State or country)	Contributory Secondary (Ourallon) yrs mos. ds.
10 NAME OF FATHER WIND Hastings 11 BIRTHPLACE OF FATHER (State or country)	(Signed) 9 19 Sefferson M. O. Oby 23, 1915 (Address) Federalsong ma *State the DISPASE CAUSING DEATH, or, in deaths from Violent
E BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER AND	CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicinal or Homicidal. 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)	At place In the of death
(Informant) AM Dastings	If not all piece of death?
(Address) Hederalshing Md 15 Filed afer 23, 1915-974 Defferson REGISTRAR	PLACE OF BURIAL OR REMOVAL DATE OF BURIAL PLACE OF BURIAL ADDRESS PLACE OF BURIAL ADDRESS
If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V.S. No. 1.

V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (relired state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Hausemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Carc should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiness of various pursuits can be known. The question know (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-Coal mine, etc. For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in Never return "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations on Nomenclature of the American Medical Association.) and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably Struck to determine definitely. Examples: Accidental drowning. SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. State eause for which birth or misearriage as "Puenperal septichaemia," etc., when a definite disease can be ascertained as the "Heart failure," "Hoemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," genital," "Anaemia" (mcrely symptomatic), "Atrophy," lapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important cough; Chronic vulvular heart disease; Chronic interstitial ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Example: Measles (disease causing death), 29 ds.; Bronnephritis, etc. "Thmor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of by railway train-accident; Revolver wound of Always qualify all diseases resulting from child-"Senile," etc.), "Dropsy," The contributory (secondary or intereur-Never report mere "Atrophy," "Col-"Exhaustion," ACCIDENTAL,



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1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No. Ilf death occurred in St.: Ward) a hospital or Institution, give its NAME instead of street and nomber.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 5 SINGLE. 18 DATE OF DEATH Write the word) (Day (Year) HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 dayhrs. OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in (Duration) which employed (or employer) BIRTHPLACE Secondary (State or country) 10 NAME OF (Signed) 11 BIRTHPLACE (Address) ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths. from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER BLENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death _____ yrs. ____ mos. ___ State yrs, __ Where was disease contracted. THE ABOVE IS TRUE TO KNOWLEDGE If not at place of death?. (Informant) usual residence DATE OF BURIAL 15 20 UNDERTAR REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b)cases, especially in Industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfuiwho have no occupation whatever, write None. For many occupations a single word or term on the (a) Spinner, Statement of occupation-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, return "Laborer," -Precise statement of occupa-"Foreman,"

Statement of cause of death—Name, first, the disease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberencessis of lungs, meninges, peritonaeum, etc., Carcin-

cause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uracmia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping eough; Chronie cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head lnjury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if Impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably IENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vromia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inauition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; by earbolic acid-probably snicide. The nature of the The contributory (secondary or intercurrent) (Recommendations on statement of State cause for



V. S. No. 1.

AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD N. B.—Every Item of Information should be carefully supplied.
CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate. 1 PLACE OF DEATH

County

5162

STATE OF MARYLAND CERTIFICATE OF DEATH,

Registration Dist, No.

St.;---Ward)

[If death occurred la a hospifal or institution, give its NAME instead

	FULL NAME force	of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	EX 4 COLOR OR RACE 5 SINGLE, fingle MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH Cyre 5, 1918 (Month) (Day (Year)
6 D	ate of BIRTH april 5 1915	17 I HEREBY CERTIFY, That I attended deceased from The 5, 1915, to The 5, 1915, that I last saw here alive on the 5 1915.
7 A	(Month) (Day XYear) GE If LESS fhan 1 day,	and that death occurred on the date stated above, at 12.05 m. The CAUSE OF DEATH* was as follows:
(a pa (b) bus wh	CCUPATION) Trade, profession, or rticular kind of work General nature of indostry, siness, ur establishmanf in ich employed (or amployer)	40 mme eye Bish (Duration) yrs mos ds.
28	10 NAME OF FATHER CLASSICAL CONTRACTOR COUNTRY)	Contributory Secondary (Durafion) yrs mos ds. (Signed) WRITERIA N. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER		*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL
<u>a</u>	13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Af place in the ot death yrs, mos, ds. State yrs, mos, ds
	(Informant) Shows June -	Where was disease contracted, If not at place of death? Former or usoal rasidence
15 Fil	elfril 7, 1815 Kuth Chumer	Sulcustors April 2 1915

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING NEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. . If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. statement. Never return "Laborer," "Forcman," "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the nisease fication as Day laborer, Farm laborer, Laborer-Coal material (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indiworked on may form part of the second Women at home, who are engaged in the (4)

Statement of cause of death—Name, first, the disease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for thenia," "Anaemia" (mercly symptomatic), "Atrophy," necre symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: accidental, suicinal, or homicidal, or as probably which surgical operation was undertaken. childbirth or miscarriage as "Puerperal scptichaectc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conample: ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned LENT DEATHS State MEANS OF INJURY and qualify as "Contributory." The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (Recommendations on statement of "Dropsy," "Exhaustion," Never report For vio-

If this certificate is looked over thoroughly and ail questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

THE REAL PROPERTY.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1.

PLACE OF DEATH

5163

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No.

-Ward) St.;

[It death occurred in a hospital or institution,

	2FULL NAME Jan	giva lits NAME instaad of street and nomber.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
38	ACOLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVERCED (Write the word)	(Month) (Day (Year)
	ATE OF BIRTH Cypril (Month) (Day (Year)	17 I HEREBY GERTIFY, That I attended deceased from S. 1915 to S. 1915, that I isst asw h Commalivs on Office S. 1915
⁷ A	GE If LESS than 1 day, Z.hrs. yrs mos ds OR Omin.?	and that desth occurred on the date stated above, at
(a bu bu wh	OCCUPATION 1) Trade, protession, or articular kind of work.) General nature of industry, sinass, or astablishment in hich amployad (or employer) SERTHPLACE (State or country) MA S.	Contributory Secondary
	10 NAME OF Elwant Jones -	(Signed) Ouration) yrs mos ds.
PARENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
	13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs. mos. ds. Stata yrs. mos. ds Where was disease contracted, it not at place of death? Former or usual rasidance.
15	(Address) Ridgles mo.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL PORT 7.1910

If more blanks are needed, address State Registrar, 6 E. Franklin St., Parto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specibeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. essary to know (a) the kind of work and also (b) For many occupations a single word or term on the applies to each and every person, irrespective of age Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. State cause for mere symptoms or terminal conditions, such as "Ascer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal septichaectc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inaultion," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. thenia," "Anaemla" (merely symptomatic), "Atrophy," "Contributory." The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," ctc.), (Recommendations on statement, of "Dropsy," "Exhaustion," Never report For VIO-



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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County Registration Dist. No.fif death occurred inSt.:.....Ward) a hospital or institution. give its NAME instead of street and number. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIED, 191 WIDOWED OR DIVORCED (Month) (Day) That I attended deceased from 6 DATE OF BIRTH (Year) lonth (Day) 7 AGE if LESS than and that death occurred on the date stated above. 1 day, 3 hrs The CAUSE OF DEATH # was as follows: OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry business, or establishment in (Ouration) yrs. which employed (or employer) 9 BIRTHPLACE Contributory (State or country) 10 NAME OF FATHER S 11 BIRTHPLACE 1 OF FATHER (State or country *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT AREI CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country State, _____yrs. ____mos. ____ yrs. mos. Where was disease contracted, 14 THE ABOVE IS TRUE TO BEST OF MY KNOWLEDGE if not at place of death?... Former or (Informant) usual residence ACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address 2 3 1915 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 16 W. Saratoga St., Battd. Requesting V. S. No. 1.

[Approved by U. S. Census and Ansertean Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. Never return "Laborer," mobile factory. mill; (a) Salesman, (b) Grovery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbusiness or industry, and therefore an additional line -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part At home. Care should be If retired from

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lungs, menine

Struck mus, ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of and consequences (c. g., sepsis, letonus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Heanorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatic), "Atrophy,' lapse," "Coma," "Convulsions," "Dehility" symptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important nephritis, etc. The contributory (secondary or intereurcough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping on statement of cause of death approved by Committee under the head of "Contributory." surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the chopncumonia (secondary), 10 ds. (name origin; "Cancer" is less definite; avoid use of on Nomenclature of the American Medical Association.) " "Old Age," "Shoek," "Uracmia," "Weakness," by railway troin-occident; Revolver etc. "Puenperal septicharmia," carbolic acid-probably State cause for which Never report mere "Atrophy," (Recommendations wound of ("Con-



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instructions WRITE Every item CAUSE OF Important.

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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilt death occurred in St .: Ward) a hospital or Institution, give its NAME instead of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 16 DATE OF DEATH MARRIED, WIDOWED. (Day (Write the word) HEREBY CERTIFY. That I attended deceased from OF BIRTH (Month) (Day (Year) 7 AGE It LESS than and that death occurred on the date stated above, at 1 day.....hrs. OR ? BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) BIRTHPLACE Secondary (State or country) (Doration) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE . 1910 (Address) PARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) ot death yrs. mos. ds. State yrs. ___ Where was disease contracted. if not at place of death? Former or usual residence DATE OF BURIAL 15 ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: gainfully employed, as At school or At home. Care fication as Day laborer, Farm laborer, Laborer-Coal (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The additional live is provided for the latter statement; ness of various pursuits can be known. The question who have no occupation whatever, write None. CAUSING NEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers statement. material worked on may form part of the second it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulbeen changed or given up on account of the misease who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise speci-Civil engineer, Stationary freman, etc. But in many first live will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the misease causing nearth (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesse of lungs, meninges, peritonaeum, etc., Carcin-

sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustiou," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., Aecidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Marasby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) State cause for



	RECORD	PHYSICIANS should state of OCCUPATION is very
V. S. No. 1.	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
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	PLACE OF DEATH	STATE OF MARYLAND
	· landing 1 109100	CERTIFICATE OF DEATH
Col	inty	Registration Dist, No. 67
Viti	age or City Harmon (No	St.; Ward) [If death occurred to a hospital or institution, give its NAME Instead of streef and number.]
1	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 S E	4 COLOR OR RACE SSINGLE, MARRIED, WIDOWED, MUTTILA	16 DATE OF DEATH april 14 , 1915
20	while (Write the word)	Month) (Day (Year)
6 DA	TE OF BIRTH	afor 1 1915, to afor, 13 1915
	may 17, 1857	1 2/12
7 A C	(Month) (Day (Year)	
· A(If LESS than 1 dayhrs.	and that death occurred on the date stated above, at let 46 m,
	3/ yrs 0 mos 2/ ds OR min.?	The CAUSE OF DEATH* was as follows:
	CCUPATION	Alkalman —
) par	Trade, profession, or ticular kind of work.	Chune rejotus
	General nature of Industry, iness, or establishment in	7116
whi	ch employed (or employer)	(Duration) yrs mos / C ds.
9 B1	RTHPLACE (State or country) Muryland	Secondary (Baratian) we mae de
	10 NAME OF PATHER PLANE	(Signed) John During M. D.
NTS	11 BIRTHPLACE OF FATHER (State or country)	Astata the Dispuser Carry Draw on to death from Vicense
ARENTS	12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
Δ,	13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) In the
		of death yrs. mos. ds. State 77 yrs. 10 mos. 4s
5	(Informant) SEO, THE BEST OF MY KNOWLEDGE	If not at place of death?
3.1	(Address) Prestont, mi)	19 PLACE OF BURIAL OF REMOVAL DATE OF BURIAL
-16 File	of opr, 14, 1915 Ishu Duxaduren	20 UNDERTAKEB ADDRESS
	REGISTRAD	fe I, tramplant ou tederalshing
	If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specithe nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, been changed or given up on account of the DISEASE statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (6)

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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 60 -Ward) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX S SINGE, 4 COLOR OR RACE 16 DATE OF DEATH WIDOWED, (Month) CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above t dayhrs. The CAUSE OF DEATH* was as follows: OR 7 BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country Contributory. Secondary 10 NAME OF FATHER (Signed) S 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLE T CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the (State or country) ,..... yrs. State Where was disease contracted. if not at place of death? Former or

osual residence

OF BURAL OR REMOVAL DERTAKER

DATE OF BURIAL

[If death occurred in

(Year)

a hospital or institution. give Its NAME Instead of street and number.]

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman," (4)

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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. fit death occurred inWard) a hospital or institution. give its NAME instead of street and number. I MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. SINGLE, Mids 3 SEX 4 COLOBOR RACE WIDOWED, (Month) ORDIVORCED (Write the word) (Month) (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at ... 1 dayhrs. The CAUSE OF DEATH* was as follow OR 7 BOCCUPATION (a) Trade, profession, er particular kind of work (b) General nature of Industry, business, or establishment in (Duration) which employed (or employer) Contributory BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLERT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER of death yrs. mos. (State or country State vrs. mes. Where was disease contracted. if not at place of death? Former or usual residence PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Upril 23 15 ... 191.6 20 UNDERTAKER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

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Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT BINDING FOR RESERVED WITH UNFADING INK-MARGIN PLAINLY, WRITE V. S. No. 1.

N. B.

PLAGE OF DEATH County Carolina Village or City (No.) 2 FULL NAME Garle Justification	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH Month) (Day) (Year) 17 1 HEREBY CERTIFY, That I attended deceased from
TAGE OCCUPATION (a) Trade, profession, or	men 29 1916 to apr. 4" 1916
particular kind of work (b) General nature of industry business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER	Contributory Secondary (Ouralion) yrs. mos. ds. (Signed) (Ouralion) yrs. mos. ds. M. O.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME PLANCE MATCHING 13 BIRTHPLACE OF MOTHER PLANCE MATCHING 15 SIRTHPLACE OF MOTHER (State) or country) 15 SIRTHPLACE OF MOTHER OF MATCHING OF MOTHER OT MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER OT MOTHER OF MOTHER OT MOTHE	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs. mos. ds. State, yrs. mos. ds.
(Informani) The BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
Filed Arr. 4", 1915 Arr. 1915 Area Registrar. If more blanks are needed, address State Registrar.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL OF MAN 191 20 ANDERTAGE Prince Matthews Address Julishim





[Approved by U. S. Census and American Public Health Association.]

or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. engaged in domestic service for wages, as Servant, Cook, write None. business, that fact may be indicated thus: Farmer (retired Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer. Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part mill; (a) Salesman, (b) Growry; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, applies to each and every person, irrespective of age. first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, Locomolive engineer, If retired from "Laborer,"

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, letanus) may be stated head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For violent deaths Struck by railway train—accident; Revolver wound of to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as "PUERPERAL peritonitis," etc. State cause for which cause. Always qualify all diseases resulting from childete., when a definite disease can be ascertained as the "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Connephritis, etc. The contributory (secondary or intercurcough; Chronic valvular heart disease; Chronic interstitial genital," "Senilc," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marassymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. "Tumor" for malignant neoplasms); Measles; Whooping or miscarriage "Old Age," "Shoek," "Uracmia," "Weakness," The nature of the injury, as fracture of skull "Senilc," etc.), as "Puerperal septichaemia," Never report mere ACCIDENTAL,

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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WAY6 1915
BURTAULY.S.

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1 PLACE OF DEATH

LY. PHYSICIANS Exact statement of CERTIFICATE OF DEATH County... Registration Dist. No. If death occurred in Ward) a hospital or institution. give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED OR DIVORCED (Month) certificate I HEREBY CERTIFY, That I attended deceased from 7 AGE If LESS than 10 and that death occurred on the date stated above, at / 1 day, hrs. back The CAUSE OF DEATH # was as follows: OR min.? OCCUPATION ons on (a) Trade, profession, or particular kind of work (b) General nature of Industry instructi business, or establishment in which employed (or employer 9 BIRTHPLACE Contributory See in (State or country) 10 NAME OF FATHER important 11 BIRTHPLACE ENT (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from XIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, œ 12 MAIOEN NAME SUICIDAL OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At placa OF MOTHER S (State or country) of daathyrs.moa.ds. Stata,yrs.mos. ... Whera was disassa contracted, should state CA If not at place of death?.. Formar or usual rasidence PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 UNDERTAKER ADDRESS m REGISTRAR If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

write None. 6 yrs.). For persons who have no occupation whatever business, that fact may be indicated thus: Farmer (relired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to eian, Compositor, Architect, Locomolive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupa-The material worked on may form part Women at home, who are engaged in Never return "Laborer," If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ccrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, meninunqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull Struck "Heart failure," "Henorrhage," "Inanition," "Marasmus," "Old Age," "Shoek," "Uracmia," "Weakness," on Nomenelature of the American Medical Association.) head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths birth or misearriage as "PUERPERAL seplicharmia," genital," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopmeumonia (secondary), 10 ds. ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of to determine definitely. Examples: Accidental drowning. "PUERPERAL peritonitis," etc. State cause for which cte., when a definite disease can be ascertained as the Example: Measles (disease causing death), 29 ds.; Bronnephritis, etc. eough; Chronic valvular heart disease; Chronic interstitial "Timor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of rent) affection need not be stated unless by railway train-accident; Revolver wound of Always qualify all diseases resulting from child-"Senile," etc.), "Dropsy," "Exhaustion," The contributory (secondary or intereur-Never report mere iniportant



PHYSICIANS should state of OCCUPATION is very RECORD Exact statement PERMANENT stated EXACTLY. may be properly classified. 4 PLAINLY, WITH UNFADING INK-THIS IS AGE carefully supplied. DEATH in plain terms, so that it man See instructions on back of certificate. should be Item of information WRITE

OF Every Item CAUSE OF Important.

N.B.

V. S. No. 1.

1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 6 3

S	t.	 W	ard)	

[It death occurred in a hospital or institution, give its NAME Instead

If LESS than i day,	FULL NAME not name	of street and number.]
MARNIEO, WISOMED LIVERY (Slonth) (Day (Year) (North) (Day (Year)) 6 DATE OF BIRTH TAGE TAGE TAGE TAGE TILES Hand I (Agy, Mar.) 6 OCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) TO NAME OF FATHER (State or country) TO N	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
TAGE Contributory Contributory	MARRIED, WIDOWED, Lugle	(Month) (Day (Year)
(Month) (Day (Year) TAGE Titles Born it less than and that death occurred on the date stated above, at. In the CAUSE OF DEATH* was as iollows: The CAUSE OF		
day, hrs. Soccupation Soc	(Month) (Day (Year)	that I last saw has alive on 191.
Soccupation (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER (State or country) 11 BIRTHPLACE (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE 13 BIRTHPLACE (State OF MOTHER (State OF MOTHER OF MOTHER (State OF MOTHER (and that death occurred on the date stated above, at
(a) Trade, protession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER (State or country) 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDEN TAL, SUICIDAL, Or HOMICIDAL. 13 BIRTHPLACE 13 BIRTHPLACE 14 BIRTHPLACE OF MOTHER CELLUTH, Paisley 15 BIRTHPLACE OF MOTHER CELLUTH, Paisley 16 BIRTHPLACE 17 BIRTHPLACE OF MOTHER CELLUTH, Paisley OF MOTHER CELLUTH, Paisley OF REGENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR REGENT RESIDENCE)		
(b) General nature of industry, business, or establishment in which employed (or employer) Parthelace (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE 13 BIRTHPLACE OF MOTHER 13 BIRTHPLACE OF MOTHER 13 BIRTHPLACE OF MOTHER 13 BIRTHPLACE OF RESERVE CAUSING DEATH, Or, In deaths from VIOLEN CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDEN TAL, SUICIDAL, OR HOMICIDAL. 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)	4.5 m	caces - Tre, Physician
Signed (Signed) Transients (Signed) State or country) Multinorm 11 BIRTHPLACE OF FATHER (State or country) Multinorm 12 MAIDEN NAME OF MOTHER CAUSING DEATH, Or, In deaths from VIOLEN CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDEN TAL, SUICIDAL, OR HOMICIDAL. 13 BIRTHPLACE 13 BIRTHPLACE 14 DISEASE CAUSING DEATH, Or, In deaths from VIOLEN CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDEN TAL, SUICIDAL, OR HOMICIDAL.	(b) General nature of industry, business, or establishment in	Still - Dis (Duration) yrs mos ds.
(Signed) (Signe	9 BIRTHPLACE (State or country) M2	20
OF FATHER (State or country) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accident Tal, Suicidal, or Howicidal. 13 BIRTHPLACE *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accident Tal, Suicidal, or Howicidal. 18 Length of Residence (For Hospitals, Institutions, Transients of Recent Residence)	10 NAME OF FATHER MILLIAM	
18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENCE)	OF FATHER	*State the Displace Callering Dearly on the deaths from Trans
13 BIRTHPLACE	OF MOTHER ELL. Th. Paine.	TAL, SUICIDAL, or HOMICIDAL.
	OF MOTHER 20	OR RECENT RESIDENTS
14 THE AROUND IS THE TO THE DESTROY OF ANY MANAGEMENT AND AND ANY MANAGEMENT AND ANY MANAGEMENT AND	14 THE ABOVE IS THE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted.
(Interment) Cursley It not at place of death? Former or usual residence.	(Interment) E. M. Jaioley	Louinet of
(Address) DATE OF BURIAL OR REMOVAL DATE OF BURIAL	(Address)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 Al. 9 () The Corner aprix, 19th	16 19.9 18 16	fre Comes aprix, 1910
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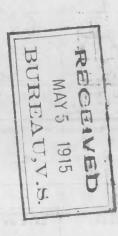
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. The applies to each and every person, irrespective of age. ness of various pursuits can be known. The question cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease who receive a definite salary), may be entered as (a) Spinner, Civil engineer, Stationary freman, etc. But in many Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Nevcr return "Laborer," (b) Cotton mill; (a) Salesman, "Foreman,"

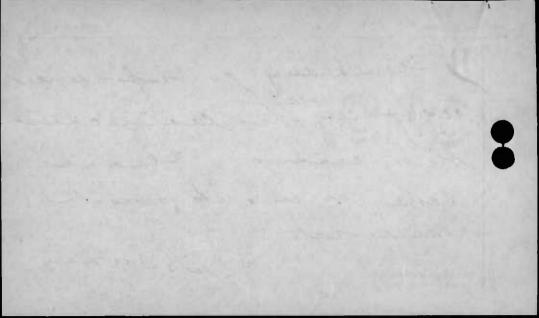
Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite): Tuberculess of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic sepsis, tetanus) may be stated under the head of which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (discase causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., Aecidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably MENT DEATHS state MEANS OF INJURY and qualify as by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) State cause for



Be Stouch any correspondence regarding this leatification ta necessory- please Take mater ap mich me direct Rowner

PRESTON PHARMACY. PRESTON, MD.



1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

It death occurred in a hospital or institution. give its NAME instead of street and number. 7

MEDICAL CERTIFICATE OF DEATH (Month) (Day) That I attended deceased as follows: State The DISPASE GALSING DEATH, or, in deaths from VIOLENT CAUSES, stone (1) MEANS OF INJURY; and (2) whether Accidental, LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, In the DATE OF BURIAL

*[Approved by U. S. Census and American Public Health Association.]

write Nonc. state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, taken to report specifically the occupations of persons who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers business, that fact may be indicated thus: Farmer (retired engaged in domestic service for wages, as Serrant, Cook, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully precise specification as Day laborer, Form laborer, Loborer "Foreman," "Manager," "Dealer," of the second statement. mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used especially in industrial employments, it is necessary to engineer, Stolionary fireman, etc. But in many cases, first line will be sufficient, c. g., Former or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-Coal mine, etc. Women at home, who are engaged in Compositor, For persons who have no occupation whatever, etc. The material worked on may form part If the occupation has been changed Architect, Never return "Laborer," Locomotive engineer, etc., If retired from without more

Statement of Cause of Death—Name, first, the disease causing disease in the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtherio (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonio, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meningularity.

mus," on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telonus) may be stated head-homicide; Poisoned by corbolic acid-probably Struck by railway train-accident; Revolver wound SUICIDAL, or HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For violent deaths to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, "PUERPERAL perilonilis," birth or miscarriage as cause. etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "H: emorrhage," "Inantition," "Maras-"Anaemia" (merely symptomatic), "Atrophy," lapse," "Coma," "Convulsions," "Dehility" symptoms or terminal conditions, such as "Asthenia," cough; Chronic valvular heart disease; Chronic interstitio ges, peritonoeum, etc., Carcinoma, Sarcoma, etc., of..... chopneumonia Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of "Old Age," "Shock," "Uracmia," "Weakness, Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, (secondary), 10 ds. Never report mere The contributory (secondary or intereurrec. "Puerperal septichamia," State cause for which ("Con-



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD QNIONIB FOR RESERVED MARGIN V. S. No. 1.

Count	D. A. D. Y.	CERTIFICATE OF DEATH Registration Dist. No
Villag	ge or City tederals my (No. ,)	St.; Ward) [If death occurr a hospital or institution of street and number of street and num
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX	ale Market Single, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day)
6 DAT	TE OF BIRTH About 2/, 19/5 (Month) (Day) (Year)	that I last saw h alive on A, 1
7 AG	//	and that death occurred on the date stated above, at
part	CCUPATION) Trade, profession, or ticular kind of work) General nature of industry	Sill sixth
busi	iness, or establishment in ch employed (or employer)	(Buration) yrs. moe
II William		
9 BII	RTHPLACE (State or country) Md	Contributory Secondary (Buralion), yra, mos.
9 811	10 NAME OF FATHER FRED Bobinson	Contributory Secondary (Buration) yra. mos. (Signed) 17 H. Leffelsou (Address) Edenal Sana'
S EII	10 NAME OF FATHER ROBINSON 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	(Signed) 7 (Buration) yra mos (Signed) 7 (Address) Edital Mag *State the Disease Causing Death, or, in deaths from Mou Causes, state (1) Means of Injury; and (2) whether Acqueent Suicinal or Homicidal.
9 811	10 NAME OF FATHER THE BOLINGOU 11 BIRTHPLACE OF FATHER (State or country) William (State or country)	(Signed) 7, 1810 (Address) Eclevation mos. *State the Disease Causing Death, or, in deaths from Mol. Causes, state (1) Means of Injury; and (2) whether Acquient Suicinal or Homicidal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, Tran or Recent Residents) At place in the
PARENTS	10 NAME OF FATHER FRED BOSINSON 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER PARTIEL W WOOTE 13 BIRTHPLACE OF MOTHER	(Signed) 7. (Buration) yra. mos. (Signed) 7. (Address) Local Surgice *State the Disease Causing Death, or, in deaths from Mod. Causes, state (1) Means of Injury; and (2) whether Acqueent Suicinal or Homicidal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, Transor or Recent Residents) At place of death yrs. mos. ds. State, yrs. mos. Where was disease contracted, if not at place of death?
PARENTS	10 NAME OF FATHER RED BOSTONO 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 4E ABOVE IS TRUE TO THE BEST OF MY KNOWLEGGE	(Signed) 7 (Address) Calvalla mos. (Signed) 7 (Address) Calvalla mos. *State the Disease Causing Death, or, in deaths from Mod. Causes, state (1) Means of Injury; and (2) whether Acqueent Suicinal or Homicidal. 18 Length of Residents) At place in the of death yrs. mos. ds. State, yrs. moe. Where was disease contracted, If not at place of death?

[Approved by U. S. Census and American Public Health
Association.]

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on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tdanus) may be stated on Nomenclature of the American Medical Association.) suicide. head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. State cause for which birth or miscarriage as "Puerperal septichaemia," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," genital," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopmeumonia (secondary), 10 ds. Never report mere "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial etc., when a definite disease can be ascertained as the "Annemia" (merely symptomatic), Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless nephrilis, etc. Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, "Senile," etc.), The contributory (secondary or intercur-"Dropsy," "Exhaustion," important wound of



UNFADING INK-THIS IS

N. B.—Every item of information should be earefully su CAUSE OF DEATH in plain terms, so that it mi important. See instructions on back of certificate.

WRITE PLAINLY, WITH

A PERMANENT RECORD

	1 PLACE OF DEATH	5173 state of maryland
d is very	County Carolice 6	CERTIFICATE OF DEATH Registration Dist, No. 60
CCUPATION	Village or City Goldsboro (No	St.; Ward) [If death occurred lo a hospital or institution, give its NAME instead
of 000	2 FULL NAME not Named'	'Sufact Roe. ot street and number.]
ent	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
EXACTL t statem	male While Single, Married, Wissoner Or Myrite the word)	Month) (Day (Year)
Exact	e date of Birth March 7 . 945	17 Oan Child at officers, 191
nd be s	7 AGE (Month) (Day (Year)	that I last saw h
erly cl	yrs mos. 2 ds. 1 day,hrs. or min.?	The CAUSE OF DEATH* was as follows:
e properl	(a) Trade, protession, or particular kind of work. (b) General nature of industry.	menuoria Ths
may be	business, or establishment in which employed (or employer)	(Duration)mosds
erully lat it rtiffcat	9 BIRTHPLACE (State or country) Caroline Go Md	Secondary (Daration) yrs mas ds
so the	10 NAME OF William L Rose	(Signed) Alfaeothras M. D.
terms on bac	OFFATHER (State or country) Maryland	*State the Disease Causing Death, or, in death's from Violent Causes, state (1) Means of Injury; and (2) whether Acciden Tal, Suicidal, or Homicidal.
plain tions	a Melina Paisley	TAL, SUICIDAL, OF HOSTICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)
TH In	13 BIRTHPLACE OF MOTHER (State or country) Delaware,	of death yrs mos ds. State yrs, mos ds
of DEAT	(Intermant) Ullians, Constitution of the Best of My Knowledge	Where was disease contracted, If not at place of death? Former or usual residence
CAUSE (Important	(Address) Goldston Mu R	DO BRACE OF BURIAL OR REMOVAL DATE OF BURIAL SPECIAL 11 1015
E C L	WIN AND Sperchen	20 1 0 0 d 1 1 1 1 D

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR



[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. minc, etc. Women at home, who are engaged in the been changed or given up on account of the disease Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. who have no occupation whatever, write Nonc. who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The essary to know (a) the kind of work and also (b)Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planler, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, return "Laborer," If the occupation has "Foreman," -Coal

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and cansation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhold diseasent of the preumonia," unquallfied, is indefinite): Tuberculcisis of lungs, meninges, peritonacum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicidc. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL perilonilis," etc. State cause for childbirth or misearriage as "Puerperal septichae eause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convalsions," "Debility" ("Conthenia," "Auacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canthre of the American Medical Association.) eause of death approved by Committee on Nomencla-"Contributory." Accidental drowning; Struck by railway train-acci-The contributory (secondary or interenrent) is less definite; avoid use of "Tumor" for maligtclanus) "Senile," etc.), "Dropsy," "Exhanstion," may be stated under the head (Recommendations on statement of



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PLACE OF DEATH County Caraline	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 62
Village or City Real Deuts Wor , 2 FULL NAME Leglia Coma	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Remale Color of RACE 5 SINGLE, MARRIED, married WIDOWED OR DIVORCED (Write the word)	Month) (Day), 191
TAGE (Month) (Day) (Year) (Month) (Day) (Year) (Month) (Day) (Year) (Month) (Day) (Year) (A) If LESS than 1 day, hrs. OR min.?	that I last saw h alive on from 1915 and that death occurred on the date stated above, at me the CAUSE OF DEATH * was as follows:
(b) General nature of industry business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory Secondary
11 BIRTHPLACE OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF TATHER (State or country) 12 MAIDEN NAME OF TATHER	(Signed) TILA U.S. M. (Address)
OF MOTHER Quilly & acRusaul. 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At placs In the of death
(Address) Deutan Just Po J. D. (Address) Deutan Just Po J. D. Filed Chief 4, 191. 5 A O Garage on D.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Paril 8, 191.5 20 UNDERTAKER ADDRESS
Filed Garage M. 191. S. D. Grande M. D. REGISTRAR	2 Thingis Zeron Dentawin
If more blanks are needed, address State Registrar,	16 V Saratoga St., Balto., Requesting V. S. No. 1.





[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery: (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton Housemaid, etc. "Foreman," "Manager," "Dealer." etc., without more of the second statement. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, c. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupa-Compositor, Architect, Locomotive engineer, For persons who have no occupation whatever If the occupation has been changed Women at home, who are engaged in Never return "Laborer," If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronehopneumonia of lungs, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

mus," under the head of "Contributory." (Recommendations on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee and consequences (c. suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned Struck by SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible to determine definitely. Examples: Accidental drowning, state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL perilonitis," etc. State cause for which etc., when a definite disease can be ascertained as the "Heart failure," "Heemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conrent) affection need not be stated unless important. nephrilis, etc. cough; Chronic valvular heart disease; Chronic interstitial cause. Always qualify all diseases resulting from childsymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bron-"Tumor" for malignant neoplasms); Measles; Whooping or miscarriage as "Puenpenal scatichaomia, "Old Age," "Shock," "Urucmia," "Weakness," railway train-accident; Revolver wound of The contributory (secondary or intercurg., sepsis, tdanus) may be stated by carbolic acid-probably "Dropsy," Never report mere "Exhaustion,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY 3 1915 BURTAU, V.S.

V. S. No. 1.

1 PLACE OF DEATH

Villa	go or City Dentan (No	and the second	Registration Di	St. No. [If death occurry a hospital or institution give its NAME institution of street and numb
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CE	ERTIFICATE O	OF DEATH
3 SE Tre	4 COLOR OR RACE SINGLE, MARRIED, WIDOWED Widowed OR DIVORCED (Write the word)	16 DATE OF DEATH	Spid (Month)	(Day), 19
6 DA	TE OF BIRTH 2007	Mar 1 , 191	5, to ap	iet 15 ,19
	(Month) (Day) (Year)	that I last saw h	ve on	
7 AG	If LESS than 1 day, hrs. OR min.?	and that death occurred of the CAUSE OF DEATH *		
8 00	CCUPATION		10	11000
X (b) Frade, profession, or ticular kind of work. Socialists) General nature of industry	Mocard	w a	
(a pai	Trade, profession, or Socurestic	Moest	(Buration)	yrs. 6 mos.
X (a pai) Frade, profession, or ticular kind of work. Societies) General nature of industry siness, or establishment in	Contributory Secondary	Buy To	yrs. 6 mos.
a BI wh pna (p) Frade, profession, or relicular kind of work) General nature of industry siness, or establishment in ich employed (or employer) RTHPLACE (State or country)	Secondary (Signed) Allusard	Sugta Description	yrs. 6 mos.
SO F S BI	11 BIRTHPLACE OF FATHER (State or country) State or country) O State or country) Control nature of industry siness, or establishment in ich employed (or employer) MAME OF FATHER OF FATHER OF FATHER State or country) State or country) State or country)	(Signed) Aluxaul Chiel 18, 191.5. (Ad	Sug To (Burstian). June 1 Ju	lou
a Bi mpi mpi (p pni (p	10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 MAIDEN NAME OF MOTHER 14 MAIDEN NAME OF MOTHER 15 MARRING MOTHER 16 MARRING MOTHER 17 MAIDEN NAME OF MOTHER 18 MAIDEN NAME OF MOTHER 18 MAIDEN NAME OF MOTHER 19 MAIDEN NAME OF MOTHER 19 MAIDEN NAME OF MOTHER 10 MARRING MOTHER 11 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER 13 MAIDEN NAME OF MOTHER 14 MAIDEN NAME OF MOTHER 15 MAIDEN NAME OF MOTHER 16 MAIDEN NAME OF MOTHER 17 MAIDEN NAME OF MOTHER 18 MAIDEN NAME OF MOTHER	(Signed) CLUSTONIA (Additional Control of Manna (Additional of Homicidal) 18 LENGTH OF RESIDENCE (ddress)	, in deaths from Viole (2) whether Accident.
STN MAP STN MA	10 NAME OF FATHER 11 BIRTHPLACE OF FATHER 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 BIRTHPLACE OF MOTHER (State or country) 15 BIRTHPLACE OF MOTHER (State or country) 16 MAIDEN NAME OF MOTHER (State or country) 17 MAIDEN NAME OF MOTHER (State or country) 18 BIRTHPLACE OF MOTHER (State or country) 19 MAIDEN NAME OF MOTHER (State or country)	(Signed) CALLINGUE (Signed) A 191.5. (Ad *State the DISEASE CAL CAUSES, state (1) MEANS SCICIDAL OF HOMICIDAL.	ddress)	, in deaths from Viole (2) whether Accidents
STN MAP STN MA	Trade, profession, or citicular kind of work General nature of industry siness, or establishment in ich employed (or employer) RTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE 13 BIRTHPLACE 14 BIRTHPLACE 15 BIRTHPLACE 16 MAIDEN NAME OF MOTHER 18 BIRTHPLACE	(Signed) (Signed) (Author) State the Dispase Care Causes, state (1) Means (Sucidal or Homicidal.) 18 Length of Residents) At place of death (1), yrs. (1), mos. (1)	ddress)	, in deaths from Viole (2) whether Accidenta
STN MAP STN MA	10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 BIRTHPLACE OF MOTHER (State or country) 15 MAIDEN NAME OF MOTHER (State or country) 16 MAIDEN NAME OF MOTHER (State or country) 17 MAIDEN NAME OF MOTHER (State or country) 18 BIRTHPLACE OF MOTHER (State or country) 19 MAIDEN NAME OF MOTHER (State or country)	Secondary (Signed) State the DISEASE CAL STATE THE MEANS OF SUICIDAL OF HOMICIDAL 18 LENGTH OF RESIDENCE (OR RECENT RESIDENTS) At place of death	ddress). Daviddress). Death, or or Injury; and For Hospitals,ds. State	, in deaths from Viole (2) whether Accident.

5 75 STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

write None business, that fact may be indicated thus: Former (retired state occupation at beginning of illness. If retired from or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm loborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationory fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Plonter, Physiness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the applies to each and every person, irrespective of age. -Coal mine, etc. Statement of Occupation-Precise statement of occupa-Compositor, For persons who have no occupation whatever The material worked on may form part Women at home, who are engaged in Architect, Never return "Laborer," Locomotive engineer, (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrespinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic ocid-probably Struck by railwoy train-occident; Revolver wound of to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. State cause for which birth or miscarriage as "Puerperal septichuemia," etc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uracmia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia, Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. "Tumor" for malignant neoplasms); Measles; Whooping cause. Always qualify all diseases resulting from childchopneumonia cough; Chronic valvular heart disease; Chronic interstitial (secondary), 10 ds. The contributory (secondary or intercur-Never report mere



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WRITE PLAINLY, WITH UNFADING INK-THIS IS

See instructions on back of certificate.

supplied. AGE should be stated EXACTLY. PHYSICIANS should state may be properly classified. Exact statement of OCGUPATION is very carefully supplied. DEATH in plain terms, so that it should be Information CAUSE OF Important. S 1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

..Ward)

[If death occurred in a hospital or institution, give its NAME Instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Eccuale Cal Single, MARRIED WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (North) (Day (Year)
FEL 4, 189	that I last saw he alive on the same and the same here.
(Month) (Day (Year) If LESS the state of th	and that death occurred on the date stated above, at
CCUPATION Trade, profession, or rticular kind of work	Умерия веванри
) General nature of Industry, siness, or establishment in ich employed (or employer)	(Ouration) yes mos." ds.
IRTHPLACE (State or country)	Gontributory Secondary (Guration) yrs mos ds
11 BIRTHPLACE OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths, from VidLENT
12 MAIDEN NAME Fulcuira From	CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden- TAL, SUICIDAL, OF HOMICIDAL. LENGTH OF RESIDENCE (FOR HOSPITALS, INATITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
OF MOTHER (State or country) HE ABOVE IS TYPE TO THE BEST OF MY KNOWLEDGE	Af place In the of death yrs. mos. ds. State yrs. mos. ds Where was disease confracted, If not at place of death?
(Address) Cresta	Former or usual residence
ed abril 221915 Chas B. Harris	Denton Cemetery april 24, 1915

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never (b) Cotton mill; (a) Salesman, return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the Insease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Fpidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, aant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if Impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (secondary or intercurrent) State cause for



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1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

ADDRESS

If death occurred to .Ward) hospital or Institution. give its NAME instead of sfreef and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED ... (Day (Write the word) (Year) HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH Month) (Day (Year) TAGE LESS than and that death occurred on the date stated above, at day hrs. The CAUSE OF DEATH * was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF (Signed) 11 BIRTHPLACE 191 (Address) ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from Violent CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME OF MOTHER BLENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS 13 BIRTHPLACE At place in the OF MOTHER (State or country) of death _____ yrs. ____ mos. ___ ds. State yrs. __ Where was disease confracted. THE ABOVE IS TO If not af piace of death?.... Former or usual residence (Address)..... 15 20 UNDERTAKER

REGISTRAR



[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Care the pature of the business or industry, and therefore an cases, especially in industrial employments, it is necness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never rcturn "Laborer," As cxamples: "Foreman," (6)

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WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING V. S. No. 1.

5.0		PLACE OF DEATH	STATE OF MARYLAND
CIAN	Count	Caroline	CERTIFICATE OF DEATH
SICIAN	Oodsii		Registration Dist. No. 64
HYS		e or City Pear Hunson (No.	Est death occurred in
C to	Villag	e or City 1 1207 1 100 (No	St.; Ward) a hospital or institution, give its NAME instead
Exa /		2 FULL NAME SEE TEAT	Mid Tiams ef street and number.]
ACT ed.			MEDICAL CERTIFICATE OF DEATH
EXA	3	PERSONAL AND STATISTICAL PARTICULARS	16 DATE OF DEATH
ated EXA	m	ale, White, widowed Warried, on pivoncep (Write the word)	(Month) (Day) (Year)
perly cate	6 0 47	TE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
ipplied. AGE should be sta so that it may be properly ons on back of certificate.	DA.	1881	1910, to Affilia 1910, 1910,
	-	(Month) (Day) (Year)	that I last saw h Malive on afant 1910,
GE si may ck of	7 AGE	If LESS than 1 day, hrs.	and that death occurred on the date stated above, at S. W.m.
AG		yrsmosds. OR min.?	The CAUSE OF DEATH * was as follows:
ed.		CUPATION Trade, profession, or	Fleuro Inemoura Lotar
supplied.	narticular kind of work (b) General nature of industry business, or establishment in		/
			(Burstion) yrs. mos 5 ds.
n terms, instructi	-	ch employed (or employer)	Contributory
care lain	9 BIRTHPLACE (State or country) Maryland		(Duraflon) yrs. mos. ds.
he car n plai		10 NAME OF COLOR STATES	(Signed) BK Delferson, M. O.
	S	" BIRTHPLACE LOS	aloril 10, 1815 (Address) Rederalshing md.
ion should F DEATH important.	RENTS	OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Arcidental, Suicidal or Homicidal.
F D	ARE	12 MAIDEN NAME Margaret Hackett	
SE OF	PA	13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) In the
\$ 5 s		OF MOTHER (State or country) Maryland	of deathyrsmosds. State,yrsmosds.
- A-	14 TF	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not st place of death?:
m ate		(Informant) This Eva A. Williams	Former or usual residence
Every item of should state COCCUPATION		(Address) Federals burg trad #5-	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Cou	15	(Address) Federals burg Ites, o	Hurrock, Ind. Cemetery Alpx 15, 1915
H WO		alex 15 1915 By Jellenson	20 UNDERTAKERS ADDRESS
<u>m</u>		REGISTRAR	5. T. Framptom & Don, Federalsturg
2		If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

& yrs.). For persons who have no occupation whatever, state oecupation at beginning of illness. wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housebusiness, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physition is very important, so that the relative healthfulbusiness or industry, and therefore an additional line especially in industrial employments, it is necessary to For many occupations a single word or term on the applies to each and every person, irrespective of age. Coal mine, etc. Statement of Occupation-Precise statement of occupavarious pursuits can be known. The question The material worked on may form part Women at home, who are engaged in If retired from

Statement of Cause of Death—Name, first, the disease causing death—Name, first, the disease causing death with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenelature of the American Medical Association.) under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, on statement of cause of death approved by Committee head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound of SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; surgical operation was undertaken. For violent deaths state MEANS OF INJURY and qualify as ACCIDENTAL, "PUERPERAL peritonitis," etc. birth or misearriage as "Puenperal septichacmia," eause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maraslapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important cough; Chronic valvular heart disease; Chronic interstitial ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of......... (name origin; "Cancer" is less definite; avoid use of "Anaemia" Example: Measles (disease causing death), 29 ds.; Brow-"Tumor" for malignant neoplasms); Measles; Whooping (merely symptomatie), "Atrophy," oma," "Convulsions," "Debility" The contributory (secondary or interenr-State cause for which Never report niere "Atrophy,"



	RECORD	PHYSICIANS should state
V. S. No. 1.	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1	1 PLACE OF DEATH	STATE OF MARYLAND			
	ounty Caroline	CERTIFICATE OF DEATH			
0	ounty Cocons	Registered No			
V	illage or City Smithville (No.	St; Ward) [if death occurred in a hospital or institution, give its NAME instead of street and number.]			
=	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
3 51	Select A	16 DATE OF DEATH			
7	hale white (Wide the word)	(Month) (Day) (Year) WHEREBY CERTIFY, That attended deceased from			
6 p	ATE OF BIRTH (Month) (Day) , 1838 (Year)	that I last saw here alive on 1915,			
7 A	77 yrs.	and that death occurred on the date stated above, at			
(a	OCCUPATION Trade, profession, or Farm work ricular kind of work	Chrome Valvelar Stark Dis.			
bus	General nature of industry, iness, or establishment in ich employed (or employer)	(Duration) yrs. mos. ss.			
9 B	IRTHPLACE (18te or country) Mayland	Contributory (Secondary) (Duration) yrs mos ds.			
S	10 NAME OF FATHER MILLSMOWN	(Signedy J. J. Drooks), N. D. (Nddress) Federale Curphy			
ARENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) Whether Accidental, Suicidal, or Homicidal.			
PAR	OF MOTHER 13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)			
	OF MOTHER (State or country)	At place In the of death yrs mos ds. State yrs mos ds.			
14-	(Informant)	Where was disease contracted, If not at place of death? Former or usual residence			
16 FI	ed akrild/1916 B/J Defferson	19 PLACE OF BURIAL OR REMOVAL OMA COM MO AMIL 2, 191.5. 20 UNDERTAKER ADDRESS			
	REGISTRAR	Curadams Fran Jeder alsom			
	If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.				

[Approved by: U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second additional line is provided for the latter statement been changed or given up on account of the disease Housewife, Housework, or At Home, and children, not "Manager," "Dealer," etc., without more precise specistatement. Groccry; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the (a) Spinner, Statement of occupation-Precise statement of occupa-Never return "Laborer," (b) Cotton mill; (a) Salesman, If the occupation has Farmer or Planter, "Foreman,"

Statement of cause of death—Name, first, the DISTAGE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medicai Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS State MEANS OF INJUSY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Pursperal septichaecause. Aiways qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenitai," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (mereiy symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. "Collapse." "Coma," "Convuisions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritts. nant neoplasms); Measles; Whooping cough; Chronio cer" is iess definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of The contributory tetanus) may be stated under the head (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-State cause for Examples: (OX

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY6 1015
BUREAU.Y.S.

T. B. No. 1.

N. B.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in pisin terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS

PLACE OF DEATH	5995 STATE OF MARYLAND
County arolus	CERTIFICATE OF DEATH
	Registered No. 6 3
Village or City Prestow (No.	St; Ward) [If death occurred in a hospital or institution give its NAME instead of street and number.]
² FULL NAME	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX COLOR OR RACE SENGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	(Month) (Day) (Year)
8 DATE OF BIRTH	17 HEREBY CERTIFY, That I attended deceased from
(Month) (Day) (Year)	that I last saw hand alive on 1965.
7 AGE If LESS than 1 day,hrs. mos, ds. ORmin. ?	and that death occurred on the date stated above, st. 5 m. The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work	EMMICHANIA.
(b) General nature of industry, business, or establishment in which employed (or employer)	(Doration) yrs mos / dq.
9 BIRTHPLACE (State or country) May laced	Contributory (Secondary)
10 NAME OF FATHER Juis M. Moright.	(Signed) (Address) (Address) (Signed) (Address)
Z (State or country) Walance	*State the DISEASE CAUSING DEATH, or, in deaths from Violent CAUSES, state (1) MEANS OF INJURY: and (2) whether ACCOUNT
12 MAIDEN NAME Aulia Bell	TAL, SUICIDAL, OF HUMICIDAL,
13 BIRTHPLACE OF MOTHER (State or country) Masendaul	18 LENGTH OF RESIDENCE (FOR HORPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs, mos ds.
(Informant) Could The BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death? Former or usual residence.
(Address) Isiston Mid	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (hohtank W. 4) 5 1815
Filed 4/34 ,1815 Chas B BESSISCH REGISTRAR	20 UNDERTAKER ADDHESS ADDHESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balta., Requesting V. S. No. 1.





[Approved by U. S. Census and American Public Health Association.]

(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specinaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not Statement of occupation-Precise statement of occupa-Farmer or Flanter,

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing different or the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Tuerperal peritonitis," etc. childbirth or miscarriage. as "Purperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Ileart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mails. cause of death approved by Committee on Nomencia-"Contributory." scpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of ... ture of the American Medical Association.) The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-State cause for For vio-

